

NDHA

North Dakota Healthcare Association

May 28, 2008

Honorable Henry A. Waxman
United States House of Representatives
Committee on Oversight and Government Reform
2157 Rayburn House Office Building
Washington, DC 20515-6143

Dear Mr. Chairman:

I am in receipt of your letter asking for information about North Dakota hospitals quality assurance efforts in the arena of infections in general and central-line associated infections in particular.

The practice and advancement of medicine in North Dakota is based on a long history of cooperative relationships between physicians and hospitals--approximately 75% of North Dakota physicians are employed by hospitals. This cooperative effort is not limited to hospital and physician efforts. It extends to and involves other entities with similar goals of medical excellence, such as North Dakota's Quality Improvement Organization (QIO).

This joint focus on advancing the practice of medicine in North Dakota by hospitals, physicians and the QIO is the foundation that supports North Dakota's nationally recognized efforts in the delivery of quality efficient medical care. In this context I respond to the questions presented in your letter.

Committee Question: If known, what is the median and overall rate of central line associated bloodstream infection in the intensive care units in hospitals in your state, using standard definitions of CLABSI as provided by the Centers for Disease Control and prevention for the purpose of the National Healthcare Safety Network.

Response: At this time, the Association is not collecting aggregate data on central line associated bloodstream infection in the intensive care units within North Dakota hospitals. Central line associated bloodstream infection incidences in North Dakota hospital intensive units is being collected by each North Dakota hospital and reported internally for review, analysis and corrective action as part of each facilities quality improvement activities. This established internal function is CMS reporting capable.

Committee Question: If the rates are unknown or if the median rate is above zero, do you have plans to replicate the Michigan Hospital Association program in your state. If so, when do you anticipate initiating the program?

Response: NDHA is in discussions with the Minnesota Hospital Association and North Dakota's Quality Improvement Organization regarding a contractual relationship for collection, analysis, and use of patient safety data elements for regional advancement of the medical arts.

Committee Question: What other activities are your member hospitals taking to address health care associated infections? Which infections are you targeting? What is the evidence of your success?

Response: Infection is only one element within North Dakota's hospital internal quality assurance program. In addition to internal quality and patient safety functions, North Dakota hospital quality assurance and patient safety personnel actively fill a range of roles with the state Quality Improvement Organization. Within this state organization, all matters of exchange occur in support of medical practice improvement, including collective address of patient threats--such as MRSA and VRE--and adoption of evidence based universal precautions--such hand hygiene and antibiotic protocols.

North Dakota's quality and efficient medical services are well documented in the literature. We think this recognition is the result of the manner of organization and its function in the pursuit of medical and clinical excellence. Because medical science continues to advance the frontiers of medical practice, North Dakota providers also understand medical practice is by nature in a state of evolution. Our collaborative structure, commitments and their executions insure North Dakota hospital and physicians are able to take advantage of this evolution in their medical and clinical practices.

Should you have further questions about North Dakota's hospital and physician commitment to quality medical services in general, or patient safety in particular, please do not hesitate to contact me.

Sincerely,



Arnold R. Thomas
President

cc: Senator Conrad
Senator Dorgan
Representative Pomeroy
NDHA Board of Directors
Bruce Levi, NDMA Executive Vice President
David Remillard, President, ND QIO
Bruce Rueben, President, MHA